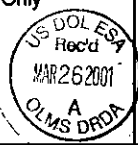



FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 039-407	2. PERIOD COVERED MO DAY YEAR From 01 01 2000 Through 12 31 2000	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	8. MAILING ADDRESS (Type or print in capital letters.) First Name TERRY Last Name THOMPSON P.O. Box • Building and Room Number (if any) Number and Street 515 S 5TH STREET City LEAVENWORTH State KS ZIP Code + 4 66048-2610		
TERRY THOMPSON (3) 039-407 CARPENTERS AFL-CIO 341 LU 499 515 S 5TH ST LEAVENWORTH, KS 66048 12/2000 			
4. AFFILIATION OR ORGANIZATION NAME CARPENTERS AFL-CIO			
5. DESIGNATION (Local, Lodge, etc.) LOCAL		6. DESIGNATION NUMBER #499	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in item 56.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)

Item Number	
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Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

57. SIGNED: <u>Richard L. Van Syck</u> <u>3 12 1 01</u> (913) 727-5075 Date Telephone Number	PRESIDENT (If other title, see instructions.)	58. SIGNED: <u>Jerry R. Thompson</u> <u>03 12 1 00</u> (816) 330-3336 Date Telephone Number	TREASURER (If other title, see instructions.)
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During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | X |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | | X |
| 12. Have a political action committee (PAC) fund? | | X |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | X |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | | X |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | | X |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | | X |
| 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? | | X |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? | | X |

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period? 100

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5000

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes No X
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

22. What is the date of your organization's next regular election of officers? MO YEAR 07 2003

23. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 21.50 per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 300.00
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ 35.00 per MONTH (Month, Year, etc.)

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 039-407

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*			
1. Last Name: VAN TWYL First Name: RICK Title: PRESIDENT Status: C		318		318
2. Last Name: BURK First Name: Title: VICE PRESIDENT Status: C		172		172
3. Last Name: THOMPSON First Name: TERRY Title: TREASURER-DELEGATE Status: C		752		752
4. Last Name: VAN TWYL First Name: RICHARD Title: RECORDING SECRETARY Status: C		369		369
5. Last Name: AMTHOR First Name: JEFF Title: FINANCIAL SECRETARY Status: N		957		957
6. Last Name: JOHNSON First Name: GLENN Title: FINANCIAL SECRETARY Status: P		271		271
7. Last Name: MEISTER First Name: BOB Title: TRUSTEE Status: C		172		172
8. Totals from additional pages (if any)		998		998
9. Totals of Lines 1 through 8		4,009		4,009
10. Less Deductions				0
Enter the Total from Line 11 in Item 45 ⇨		11. Net Disbursements 4,009		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 039-407

STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash	33211	34723	32. Accounts Payable		
	26. Loans Receivable			33. Loans Payable		
	27. U.S. Treasury Securities			34. Mortgages Payable		
	28. Investments			35. Other Liabilities		
	29. Fixed Assets			36. TOTAL LIABILITIES		
	30. Other Assets <i>office furniture</i>	50	50	37. NET ASSETS (Item 31 less Item 36)	33321	34773
	31. TOTAL ASSETS	33321	34773			

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues	20458	45. To Officers (from Item 24)	4009
	39. Per Capita Tax		46. To Employees (less deductions)	2250
	40. Fees, Fines, Assessments & Work Permits	200	47. Per Capita Tax	10681
	41. Interest & Dividends	876	48. Office & Administrative Expense <i>& RENT</i>	2689
	42. Sale of Investments & Fixed Assets		49. Professional Fees	
	43. Other Receipts		50. Benefits <i>DEATH DONATIONS</i>	450
	44. TOTAL RECEIPTS	21534	51. Contributions, Gifts & Grants	
<p>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</p>			52. Purchase of Investments & Fixed Assets	
			53. Loans Made	
			54. Other Disbursements	
			55. TOTAL DISBURSEMENTS	20079

ORGANIZATION NAME: CARPENTERS AFL-CIO

ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 039-407

PAGE 1 OF 1 ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)			
Last Name: <u>MC DANIEL</u> First Name: <u>WARREN</u> Title: <u>TRUSTEE-DELEGATE</u> Status: <u>C</u>		<u>430</u>		<u>430</u>
Last Name: <u>SWENDSON</u> First Name: <u>TOM</u> Title: <u>TRUSTEE</u> Status: <u>N</u>		<u>86</u>		<u>86</u>
Last Name: <u>AMTHOR</u> First Name: <u>JEFF</u> Title: <u>TRUSTEE</u> Status: <u>P</u>		<u>129</u>		<u>129</u>
Last Name: <u>RODRIGUEZ</u> First Name: <u>ANGEL</u> Title: <u>WARDEN</u> Status: <u>C</u>		<u>172</u>		<u>172</u>
Last Name: <u>SWENDSON</u> First Name: <u>CHARLES</u> Title: <u>CONDUCTOR</u> Status: <u>C</u>		<u>181</u>		<u>181</u>
Last Name: _____ First Name: _____ Title: _____ Status: <input type="checkbox"/>				
Last Name: _____ First Name: _____ Title: _____ Status: <input type="checkbox"/>				
Last Name: _____ First Name: _____ Title: _____ Status: <input type="checkbox"/>				
Totals		<u>998</u>		<u>998</u>

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <i>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</i>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>	Status (C)			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Totals				